

SAM—INSURANCE AND SURETY BONDS**CHAPTER 2400 INDEX**

This chapter provides guidelines for statewide insurance and bond policies. It identifies the methods for reporting accidents and the policies regarding tort liability.

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SAM—INSURANCE AND SURETY BONDS

GENERAL POLICY (Revised 9/96)

2400

The Office of Risk and Insurance Management (ORIM), Department of General Services, is available to consult on risk and insurance management issues. Additionally, ORIM has responsibility for most of the state's insurance and safety programs.

SAM—INSURANCE AND SURETY BONDS

AIR TRAVEL INSURANCE

2410

(Revised 9/96)

State agencies may insure their officers and employees against injury or death from aircraft accidents while flying on state business in all but regularly scheduled passenger aircraft. See Department of Personnel Administration (DPA) Rule 599.628(d) for qualifications. Agencies in need of this coverage should inform ORIM in writing the number of employee passengers and employee pilots separated between represented and nonrepresented employees.

MOTOR VEHICLE LIABILITY SELF-INSURANCE PROGRAM

2420

(Revised 12/04)

The ORIM administers the State Motor Vehicle Liability Self-Insurance Program (VELSIP), which provides unlimited self-insured liability coverage for the state, agencies, and employees who operate covered self-propelled land vehicles on state business (California Vehicle Code Sections 17000 and 17001). Effective January 1, 2004, liability coverage is limited to \$1 million per occurrence/accident when the state vehicle is operated by a non-salaried employee (i.e. student assistant, volunteer, etc.) on state business. The driver's employing department/agency will be financially responsible for the payment of any claims, settlements, judgments or verdicts in excess of \$1 million. The VELSIP provides excess liability coverage for state employees on state business while driving non-state vehicles, but only after the vehicle owner's liability policy limits have been paid. The VELSIP does not provide coverage for injury to state employees nor for damage to state vehicles. Employee injuries are handled through Workers' Compensation coverage. Damage to state vehicles are handled through the budget of the owning state agency.

MOTOR VEHICLE ACCIDENTS AND REPORTING

2430

(Revised 03/02)

If involved in a motor vehicle accident while on state business, state employee drivers **must report the accident within 48 hours** (regardless of the ownership of the vehicle) on a Vehicle Accident Report form, STD. 270, to the:

Office of Risk and Insurance Management (ORIM)
707 Third Street, First Floor
West Sacramento, CA 95605
(916) 376-5300. CALNET 480-5300

Should the accident result in **bodily injury** to anyone **other than** the state employee, the accident must be **immediately** reported to the ORIM by telephone or an advance faxed copy of STD. 270. On weekends, call (916) 376-5295, CALNET 480-5295 to leave a Voice Mail.

An Accident Identification card, STD. 269, should be carried in the glove compartment of all state vehicles. This card should be completed and the tear-off portion given to the other party. The card provides a convenient place to write down pertinent information while still at the accident scene. This information should be transferred to the STD. 270 for mailing (or faxing) to ORIM.

For reporting purposes,

An **accident** is defined as one that involves a state-owned vehicle (or a non-state-owned vehicle operated by a state employee on state business) where there is damage caused to **another** person or property.

An **incident** involves **only** a state-owned vehicle where the damage, **regardless** of the amount, is limited **just** to the state vehicle which was **stationary** at the time the damage occurred. **Incidents** should **not** be reported to ORIM.

State employees should not discuss the accident with anyone other than the police, their supervisors, ORIM Claims Unit, or the independent adjusting company under contract with ORIM. If contacted by the other party, their attorney or insurance company, the state employee should refer the party or correspondence to ORIM Claims Unit. Under no circumstances should the state employee driver give either a written or recorded statement to the other party or their representatives.

If served with any post-accident legal papers, **called ORIM Claims Unit immediately.**

SUPERVISOR'S REVIEW AND POLICE REPORTS

2440

(Revised 9/96)

The supervisor of an employee involved in an accident must investigate the accident. This investigation will enable the supervisor to co-sign STD. 270. The supervisor is also responsible to ensure that STD. 270 is completed and promptly forwarded to ORIM.

The supervisor is also responsible to prepare Review Of State Driver Accident (Supervisor's) form, STD. 274, take any appropriate corrective action, and forward STD. 274 to both ORIM and the agency's Safety Coordinator.

If a California Highway Patrol (CHP) or other police authority accident report is needed to allow the supervisor to do the above, he or she may obtain these reports as an "interested party" and at no cost.

**REPORTING AND INVESTIGATING ACCIDENTS/INCIDENTS
INVOLVING STATE EMPLOYEES OR STATE PROPERTY**

2455

(Revised 12/11)

Reporting

In the event of an accident/incident involving state employees or state property the following procedures should be followed:

1. If the accident/incident involves motor vehicles contact the local CHP office.
2. All other types of accidents/incidents:

Report the incident to your supervisor. Departments will have written procedures to follow.
Complete Accident Report (Other Than Motor Vehicle) form, STD. 268*.

*If the accident/incident involves serious injury or death, extensive personal or state property damage or a significant potential for state/public liability, the Attorney General's Office will be notified within 24 hours by contacting the Department of Justice Command Center at (916) 227-3244.

If a completed report is not immediately available, provide the following information:

1. Identify the department/agency, unit and employees involved, including all contact information;
2. Date, time, place, injuries and circumstances;
3. Names, addresses and contact information of all injured people and witness(es);
4. Name and telephone number of a departmental contact person.

Upon completion, the original report and all relevant documents will be immediately forwarded to:

Attorney General's Office
P.O. Box 944255
Sacramento, CA 94244-2550
Attn: Tort and Condemnation Section
Telephone: (916) 324-5397.

Department/agencies will have written procedures for maintaining copies of the report for their purposes/records.

(Continued)

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(Continued)

REPORTING AND INVESTIGATING ACCIDENTS/INCIDENTS INVOLVING STATE EMPLOYEES OR STATE PROPERTY

2455 (Cont. 1)

(Revised 12/11)

Employees are instructed to not discuss or speak to any individual concerning the accident/incident other than (or with approval of) a representative of their legal office or the Office of the Attorney General.

Investigation—Complete STD. 268

Obtain all witness information.

Obtain accurate measurements or relevant dimensions.

When possible and appropriate, photographs, video recordings, diagrams will be taken immediately.

Provide the names, titles and telephone numbers of the individual preparing the report and their immediate supervisor.

Opinions and conclusions, if provided, are to be prepared on a separate attached page.

Upon completion, the original report and all relevant documents will be immediately forwarded to:

Attorney General's Office
P.O. Box 944255
Sacramento, CA 94244-2550
Attn: Tort and Condemnation Section
Telephone: (916) 324-5397.

Requests for Copies of Accident/Incident Reports

All departments will have written procedures to respond to requests for copies of reports. Reports will only be released through appropriately designated personnel, the department's legal office, or the Attorney General's Office.

SAM—INSURANCE AND SURETY BONDS

ACCIDENTS NOT TO BE REPORTED ON ACCIDENT REPORT, STD. 268

2460.1

(Revised 4/01)

Do not report the following on STD. 268:

1. Accidents resulting from operating motor vehicles by officers, agents, and employees of the state which are reported on Report of Vehicle Accident, STD. 270. See SAM Section 2430.
2. Accidents and occurrences arising from the activities of the Department of Transportation. These incidents are handled according to Department of Transportation procedure.

SAM—INSURANCE AND SURETY BONDS

RECEIPT OF LEGAL PAPERS

2461

(Revised 4/01)

All departments/agencies will have written procedures to follow in the event legal papers are delivered/served.

The employee will immediately prepare a memo to the department/agency's legal office stating (1) the date of receipt and (2) the method of receiving the papers (i.e. personal/mail/etc.).

This memo will be attached to the original papers and forwarded immediately to the legal office. The legal office will contact the Office of the Attorney General.

Employees are instructed to not (1) sign or return any legal papers concerning the accident/incident and/or (2) discuss or speak to any individual concerning the accident/incident other than their legal office or a representative of the Office of the Attorney General.

SAM—INSURANCE AND SURETY BONDS

COOPERATION WITH THE ATTORNEY GENERAL'S OFFICE

2462

(Revised 4/01)

Upon request of the Office of the Attorney General departments/agencies and employees will cooperate fully during investigations, settlements, hearings and trial or in any other manner of assistance that may be required.

SAM—INSURANCE AND SURETY BONDS

INQUIRIES FOR FILING CLAIMS AGAINST THE STATE OF CALIFORNIA

2464

(Revised 12/11)

Any inquiry or claim against the State of California, departments or employees will be directed to:

Victims Compensation and Government Claims Board

P.O. Box 3035, Sacramento, CA 95812-3035

(800) 955-0045

Additional information and services may be accessed from Victim Compensation and Government Claims Board home page located at <http://www.vcgcb.ca.gov>.

REPORTING REQUIREMENTS

2482

(Revised 12/13)

Property or money losses due to employee infidelity or dishonesty must be reported in writing to Department of Finance, Office of State Audits and Evaluations and the California State Auditor. See SAM Section 20080.

STATE OF CALIFORNIA

REPORTING AUTOMOBILE ACCIDENTS

The State has instituted an auto liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle upon official business.

All automobile accidents which in any way involve personal injury or property damage to others must be reported within 48 hours on Report of Vehicle Accident form STD. 270 in quintuplicate. The completed report must be signed by the operator and approved by persons authorized to do so.

Accidents resulting in any injury to persons other than employees, or involving serious damage to the property of others, must be reported immediately by telephone to the Office of Risk and Insurance Management.



DO NOT DISCUSS ACCIDENT WITH ANYONE**EXCEPT:**

- a. Investigating Traffic Officers
- b. Your Superiors
- c. Authorized State Officers
- d. State's Insurance Adjustors

Subsequent to any accident involving a state vehicle, all communications, forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD — DETACH AND GIVE TO OTHER DRIVER

NAME STREETS OR ROADS — SHOW TROLLEY TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.

STATE VEHICLE  A
OTHER VEHICLE  B

Indicate Points of Compass

DIAGRAM OF ACCIDENT

ACCIDENT DATA			
HOUR	A.M. P.M.	DATE	CITY
LOCATION (Address, Intersection, etc.)		DISTANCE FROM CURB	COUNTY
		FEET	FEET
INVESTIGATED BY			REPORT NUMBER (If Available)
CITY OF			
<input type="checkbox"/> POLICE DEPT.			
COUNTY OF			
<input type="checkbox"/> SHERIFF'S DEPT.			
CITY			
<input type="checkbox"/> CHP			
NAME AND LOCATION			
<input type="checkbox"/> OTHER			
VEHICLE OCCUPANTS OTHER VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
STATE VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	

STATE OF CALIFORNIA

ACCIDENT IDENTIFICATION

STD. 268 (Rev. 7/92)

IMPORTANT

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO

OFFICE OF RISK AND INSURANCE MANAGEMENT
DEPARTMENT OF GENERAL SERVICES
1325 J STREET, SUITE 1800
SACRAMENTO, CA 95814 (916)322-0459

NOTE: This accident identification card (on reverse) should be filled out, detached and given to other driver.

IMPORTANT			
Ask names and addresses of WITNESSES FIRST			
1	NAME	ADDRESS	PHONE
2	NAME	ADDRESS	PHONE
3	NAME	ADDRESS	PHONE
INJURED PERSONS			
NAME	AGE	ADDRESS	PHONE
HOSPITAL TAKEN TO			
NAME	AGE	ADDRESS	PHONE
HOSPITAL TAKEN TO			
OTHER VEHICLE			
LICENSE	YEAR	MAKE	
REGISTERED OWNER			
ADDRESS	CITY		
DRIVER'S NAME			
ADDRESS	CITY		
OPERATOR'S LICENSE NUMBER	EXPIRATION DATE		

(OVER)

EVIDENCE OF FINANCIAL RESPONSIBILITY

This vehicle is owned or leased by the State of California, a public entity, and operated by employees or agents of the State. California Vehicle Code Section 16028, subsection (b) (1) (D) states that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

CLAIMS REFERRAL OFFICES

In case of an accident resulting in injury to persons (other than employees), or involving serious damage to the property of others, call the Office of Risk and Insurance Management IMMEDIATELY.

During normal working hours call:

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 322-0459 (or CALNET: 492-0459)

On weekends or holidays, call:

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 322-8967 (or CALNET: 492-8967)

and leave a Voice Mail message (which will be returned on the next business day).